



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109800001

CITY OR TOWN SHARON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DAUB'S HIGHLAND MANOR INC.

DOING BUSINESS AS SAPHIRE MANOR & INN

ADDRESS 56 HIGHLAND AVE.

CITY/TOWN: SHARON

STATE: MA

ZIP CODE: 02067

MANAGER: SAPHIRE,
JOHNATHAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SEVEN ROOMS ON THE FIRST FLOOR AND CELLAR FOR STORAGE AND OUTSIDE IN THE
COURTYARD ON THE LEFT SIDE OF THE BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109800002

CITY OR TOWN SHARON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GINGKO RESTAURANT

DOING BUSINESS AS SICHUAN GOURMET SHARON

ADDRESS 388 SOUTH MAIN ST.

CITY/TOWN: SHARON

STATE: MA

ZIP CODE: 02067

MANAGER: LIJUN LIU, LEO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO DINING ROOMS ON FIRST FLOOR - BASEMENT AREA

FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109800003

CITY OR TOWN SHARON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MANDARIN TASTE, INC.

DOING BUSINESS AS

ADDRESS 37 POND STREET

CITY/TOWN: SHARON

STATE: MA

ZIP CODE: 02067

MANAGER: HUI, WEI HUNG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIVE ROOMS, PATIO, CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109800004

CITY OR TOWN SHARON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AMERICAN LEGION, INC. POST #106

DOING BUSINESS AS

ADDRESS 727 SOUTH MAIN STREET

CITY/TOWN: SHARON

STATE: MA

ZIP CODE: 02067

MANAGER: FIFIELD, ROBERT TYPE OF LICENSE: Club
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN ROOM, GROUND FLOOR, FUNCTION ROOM. 2ND FLR; FUNCTION HALL, 3RD
LEVEL; POOL ROOM, BASEMENT; STORAGE AREA. EXITS AND ENTRANCES . Back Yard area
in rear of building

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109800005

CITY OR TOWN SHARON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: V.F.W.-ARTHUR I. BOYDEN POST #7238

DOING BUSINESS A

ADDRESS 329 S. MAIN STREET

CITY/TOWN: SHARON

STATE: MA

ZIP CODE: 02067

MANAGER: MCKENNA,
ALLEN R.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY ABOVE GROUND WITH SUB LEVEL, FIRST FLOOR CLUB AREA, 2ND. FLOOR
FUNCTION HALL, EXITS AND ENTRANCES FRONT AND REAR BOTH LEVELS.

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109800006

CITY OR TOWN SHARON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHARON COUNTRY CLUB

DOING BUSINESS A

ADDRESS 149 EAST STREET

CITY/TOWN: SHARON

STATE: MA

ZIP CODE: 02067

MANAGER: WALL, DAVID

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONSISTING OF A KITCHEN, SERVICE BAR AND DINING ROOM. TWO EXITS FROM DINING ROOM AND ONE FROM THE KITCHEN.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109800007

CITY OR TOWN SHARON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SPRING VALLEY COUNTRY CLUB, INC.

DOING BUSINESS A

ADDRESS 25 TIOT STREET

CITY/TOWN: SHARON

STATE: MA

ZIP CODE: 02067

MANAGER: ANTOKAL,ALAN TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GROUND FLOOR INCLUDES MAIN DINING ROOM, 19TH HOLE ROOM. ENTRANCES & EXITS ARE THROUGH MAIN LOBBY AREA. LIQUOR STORAGE ROOM IN BASEMENT W/ ENTRANCES & EXITS THROUGH BASEMENT SERVICE AREA.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109800010

CITY OR TOWN SHARON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MACHAPUCHRE INC.

DOING BUSINESS AS CORIANDER RESTAURANT

ADDRESS 5 POST OFFICE SQUARE

CITY/TOWN: SHARON

STATE: MA

ZIP CODE: 02067

MANAGER: THACH, DAO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 DINING RM. ON 1ST. FLOOR, RESTROOMS, KITCHEN, STORAGE OFF DINING ROOM, 1
ENTRANCE AND 2 REAR EXITS. OUTDOOR SEATING IN FRONT OF ESTABLISHMENT ON
PUBLIC SIDEWALKS.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109800011

CITY OR TOWN SHARON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHARON HOUSE OF PIZZA & UPTOWN COFFE SHOP

DOING BUSINESS A PIZZIGANDO CAFE

ADDRESS 1 POND STREET

CITY/TOWN: SHARON

STATE: MA

ZIP CODE: 02067

MANAGER: THEO

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

PAPADOPOULOS

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109800012

CITY OR TOWN SHARON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: IRISH PATRIOTS LLC

DOING BUSINESS AS MICK MORGANS

ADDRESS 973 PROVIDENCE HIGHWAY

CITY/TOWN: SHARON

STATE: MA

ZIP CODE: 02067

MANAGER: MORGAN,
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME BLDG WITH TWO DINING ROOMS AND ONE MEETING ROOM,
KITCHEN, OFFICE, STORAGE AND WALK IN FREEZER AND REFRIG. TWO RESTROOMS,
ONE MAIN ENTRANCE, TWO EMERGENCY EXITS AND THREE SERVICE EXITS. OUTSIDE
CAFE, FRONT AND SIDE YARDS

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109800013

CITY OR TOWN SHARON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHARON MARKET LLC

DOING BUSINESS AS

ADDRESS 17 POST OFFICE SQUARE

CITY/TOWN: SHARON

STATE: MA

ZIP CODE: 02067

MANAGER: HALL, JOHATHAN TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING CONSISTS OF 7 AISLES AND SHELVING... ONE ENTRANCE... ONE SIDE DOOR FREEZER

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109800014

CITY OR TOWN SHARON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PERE VOLOKA ENTERPRISES INC.

DOING BUSINESS AS BREAD N BUTTER

ADDRESS 374A SOUTH MAIN STREET

CITY/TOWN: SHARON

STATE: MA

ZIP CODE: 02067

MANAGER: SEMYONIN,
MARIYA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 1600 SQ FT RETAIL STORE-ONE STORY BUILDING-WITH FRONT/BACK
ENTRANCES

I hereby certify and swear under penalties of perjury that:

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DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109800015

CITY OR TOWN SHARON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MANGIA RESTAURANT GROUP LLC

DOING BUSINESS A MANGIA NEOPOLITAN PIZZERIA

ADDRESS 21 SOUTH MAIN ST

CITY/TOWN: SHARON

STATE: MA

ZIP CODE: 02067

MANAGER: FENERJIAN,
STEPHEN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1200 SF WITH 12 PARKING SPOTS, FRONT AND BACK ENTRANCES IN CENTER,
UNFINISHED BASEMENT TO BE USED FOR STORAGE. ONE COOLER AND FULL KITCHEN

I hereby certify and swear under penalties of perjury that:

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